

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009025

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

309

FILED MAR 5 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

VALLEY PARK

Length of stay in 1b

WKS.

c. FULL NAME OF (If NOT in hospital, give location)

CEDAR CROFT NURSING HOME

Inside Limits

No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

admission)

c. CITY

OR TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

2605⁹ CHIPPEWA

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ANNA

PAULEY BOOMEYER

4. DATE OF DEATH

Month

Day

Year

JAN

22

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

OCT 28 1882 79

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED COOK

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

AUGUST ZETTWACH

13b. MOTHER'S MAIDEN NAME

ELIZABETH SCHMID

14. NAME OF HUSBAND OR WIFE

JACOB J BOOMEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

EMMA KAESHAMER 2605⁹ CHIPPEWA

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Hemorrhage
Generalized arteriosclerosis
331X

INTERVAL BETWEEN ONSET AND DEATH

1 day

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1/2-62

6:45 P.m.

1/24/62

and last saw her

live on

1/21/62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. A. Hushion

(Degree or title)

22b. ADDRESS

2212 W. 21st Mo

22c. DATE SIGNED

1/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JAN 25 1962

23c. NAME OF CEMETERY OR CREMATORY

NEW ST. MARCUS CEM

23d. LOCATION (City, town, or county)

ST. LOUIS CO

23e. STATE

MO.

24. FUNERAL DIRECTOR

Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.

1-24-62

26. REGISTRAR'S SIGNATURE

J. B. Hushion

Dr. C. H. Heale VALLEY PARK
209 S. Hickwood Pl.

Ta 2-1526

4-1030
130-300
630-815
Well

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Corley Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address

Blanton 5, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.